

**Performance Based Contracts for Adoption Services
MONITORING INSTRUMENT**

FSCW-06

Monitoring Procedure:

For the Performance Based Contracts for Adoption Services, the contract agencies submit their claims for payment on the DSS 1571, Part IV with the names of the children adopted through their agency, the children's SIS identification numbers, the type of special needs that the children have, and the amount of funds requested. The Contract Administrator for these contracts randomly selects 15 to 20 cases from each contracting agency for review. The following information is completed and submitted to the Data Management and Review Team for the tracking of monitoring activities.

I. Name of Contract Provider: _____ Contract Number: _____

II. Date of Monitoring Activity: _____

III. Contract Type: **Statewide Contract** ☐ **Special Children Adoption Fund Contract** ☐

IV. Provider's License is intact and current: YES ☐ NO ☐

Describe verification method:

License Number: N/A

V. Complete the following Table of cases reviewed (*attach a separate page if more detail is needed*)

Reviewed Cases										
Child Information	Amount Paid	Adoption Services				Were appropriate/quality services provided?		Number & Type of Contact		Comments
		Placement	Decree of Adoption	1 Yr After Placement	Post Adoption	Yes	No	Site Visit	1571 Review	
1. Name:										
SIS #:										
Special Needs:										
2. Name:										
SIS #:										
Special Needs:										
3. Name:										
SIS #:										
Special Needs:										
4. Name:										
SIS #:										
Special Needs:										

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		Placement	Decree of Adoption	1 Yr After Placement	Post Adoption	Yes	No	Site Visit	1571 Review	
5. Name:										
SIS #:										
Special Needs:										
6. Name:										
SIS #:										
Special Needs:										
7. Name:										
SIS #:										
Special Needs:										
8. Name:										
SIS #:										
Special Needs:										
9. Name:										
SIS #:										
Special Needs:										
10. Name:										
SIS #:										
Special Needs:										
11. Name:										
SIS #:										
Special Needs:										
12. Name:										
SIS #:										
Special Needs:										
13. Name:										
SIS #:										
Special Needs:										
14. Name:										
SIS #:										
Special Needs:										
15. Name:										
SIS #:										
Special Needs:										

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		Placement	Decree of Adoption	1 Yr After Placement	Post Adoption	Yes	No	Site Visit	1571 Review	
16. Name:										
SIS #:										
Special Needs:										
17. Name:										
SIS #:										
Special Needs:										
18. Name:										
SIS #:										
Special Needs:										
19. Name:										
SIS #:										
Special Needs:										
20. Name:										
SIS #:										
Special Needs:										

VI. Conclusions (*Attach additional sheets, if needed.*)

A. Describe strengths noted during this monitoring activity.

B. Described any cases needing improvement that does not affect program compliance.

C. Describe any issues that result in this contract being out of compliance.

D. Was the claim allowable? Yes _____ No _____

E. If no, a Corrective Action Plan will be required within 30 days.